

**HAL J. RASMUSSEN OPERATING, INC.**

SIX DESTA DRIVE, SUITE 2700

MIDLAND, TEXAS 79705

(915) 687-1664

OIL CONSERVATION DIVISION  
RECEIVED

90 OCT 10 AM 9 12

#4

October 3, 1990

Mr. William J. LeMay, Director  
New Mexico Oil Conservation Division  
P. O. Box 2088  
Sante Fe, New Mexico 87501

RE: Administrative Approval of an Unorthodox Well Location  
State "A" a/c 2 # 72  
Jalmat Gas Pool  
Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State A a/c 2 # 72 at an unorthodox well location, located 1440 ft FWL and 1410 ft FSL of Section 9, T22S R36E, Lea County, New Mexico. The State "A" a/c 2 # 72 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 2 #72, and the proration unit the well will be included in. A list of offset operators has also been attached.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,



Jay Cherski

CC: New Mexico Oil Conservation Division District 1 Office  
P.O. Box 1980  
Hobbs, New Mexico 88240

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

|  |                                       |                            |                                 |                |                |
|--|---------------------------------------|----------------------------|---------------------------------|----------------|----------------|
| Operator<br>Hal J. Rasmussen Operating, Inc.   |                                       |                            | Lease<br>State A A/C 2          |                | Well No.<br>72 |
| Unit Letter<br>K   | Section<br>9                          | Township<br>22 S           | Range<br>36 E                   | County<br>NMNM | Lea            |
| Actual Footage Location of Well:<br>1410 feet from the SOUTH line and 1440 feet from the WEST line |                                       |                            |                                 |                |                |
| Ground level Elev.   | Producing Formation<br>TANSHILL-YATES | Pool<br>Jalmit-TNSL-YTS-7R | Dedicated Acreage:<br>480 Acres |                |                |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

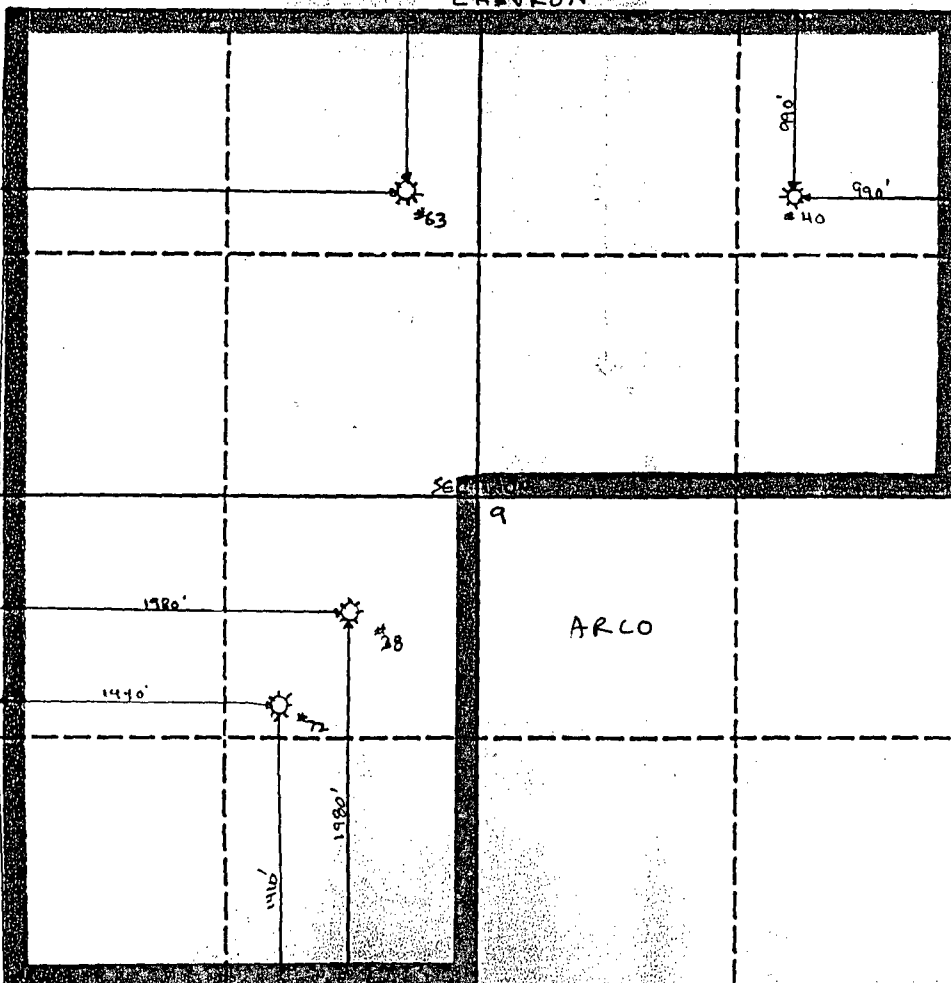
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes" type of consolidation

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

CHEVRON



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Printed Name

Jay D. Cherski

Position

Agent

Company

Hal J. Rasmussen Operating, Inc.

Date

10/3/90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of  
Professional Surveyor

Certificate No.

Offset Operators

Chevron  
Mr. Al Bohling  
P.O. Box 670  
Hobbs, New Mexico 88240

Meridian  
Mr. Jim Cramer  
21 Desta Drive  
Midland, Texas 79705

ARCO  
P.O. Box 1610  
Midland, Texas 79702  
Attn: Kevin Renfro

Marathon  
P.O. Box 552  
Midland, Texas 79702  
Attn: Mr. W. O. Snyder



4

**HAL J. RASMUSSEN OPERATING, INC.**  
SIX DESTA DRIVE, SUITE 2700  
MIDLAND, TEXAS 79705  
(915) 687-1664

October 3, 1990

Chevron  
Mr. Al Bohling  
P.O. Box 670  
Hobbs, New Mexico 88240

Dear Sirs,

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c 2 well no. 72, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 1410 feet FSL and 1440 feet FWL of Section 9, T22S, R36E, Lea County, New Mexico.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Hal J Rasmussen Operating, Inc.

Jay Cherski

EXECUTED THE 7 DAY OF Nov 1990

BY Alan W. Bohling  
Production Engineer  
Chevron U.S.A.

**Memo** DIVISION

'90 DEC 19 AM 8 55

To Mike Stogner

12/18/90

From

EVELYN DOWNS  
Oil Conservation Staff  
Specialist

Re: Hal J. Rasmussen Operating Inc.  
State A A/c-1  
State A A/c-2  
State A A/c-3  
Non-standard locations

The C-104's are being held on the following wells  
pending approval of the unorthodox locations, etc.

State A A/c-1 #103-N 11-23-36 -- Buck sheet 10/9/90  
well is producing

State A A/c-1 #122-L 13-23-36 -- Buck sheet 10/9/90  
well is producing

State A A/c-1 #54-I 24-23-36 -- buck sheet 10/8/ 90  
well is producing

~~State A A/c-2 #72-K 9-22-36 -- Buck sheet 10-8-90~~  
~~well is producing~~

State A A/c-3 #5-G 10-23-36 -- buck sheet 11-8-90  
well is producing

State A A/c-2 #33-0 5-22-36 -- buck sheet 10-9-90  
well is producing

State A A/c-2 #67-K 9-22-36 -- buck sheet 10-10-90  
well is producing

State A A/c-1 #45-H 4-23-36 -- need 320 ac NSP(N/2 sec4)  
reduced by deletion of Unit H which is dedicated to  
this oil well completion

If you do not have everything you need for these  
please let me know. Thanks for your help in this matter

Oil Conservation Division  
PO Box 1980, Hobbs, New Mexico 88241-1980

*Evelyn*

OIL CONSERVATION DIVISION  
RECEIVED

'90 OCT 25 AM 9 17

HAL J. RASMUSSEN OPERATING, INC.

SIX DESTA DRIVE, SUITE 2700  
MIDLAND, TEXAS 79705  
(915) 687-1664

October 22, 1990

Mr. Michael E. Stogner  
Chief Hearing Officer/Engineer  
Oil Conservation Division  
P.O. Box 2088  
Santa Fe, New Mexico 87504

Dear Mr. Stogner:

Enclosed are certified mail return receipts for the unorthodox location applications recently submitted on the State A Account 1 #54, #57, #65, #103, #122, ~~(State A Account 2 #72)~~, #52, #45, #29, #67, State A Account 3 #6.

If you have any questions or need any further information please call Jay Cherski at 915-687-1664. Thank you for your consideration in this manner.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.



Nona Hopkins  
Secretary

/nh

Enclosures

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Doyle Hartman*  
*c/o Harold Swain*  
*Albuquerque*  
*Jal, New Mexico 88252*

4. Article Number  
*P 046 612 028*

Type of Service:  
☐ Registered ☐ Insured  
☐ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*10-10-90*

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Lanekew*  
*attn: Robert Lanaford*  
*P.O. Box 1206*  
*Jal, New Mexico*

4. Article Number  
*P 046 612 020*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*10-9-90*

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Jahoe*  
*attn: K.A. Freeman*  
*4402 W. Industrial*  
*Midland, Tx 79703*

4. Article Number  
*P 046 612 022*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*10-9-90*

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Arco*  
*attn: Kevin Benfro*  
*P.O. Box 1610*  
*Midland, Tx 79702*

4. Article Number  
*P 046 612 023*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*OCT 9 1990*

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Marathon*  
*attn: W.O. Snyder*  
*Box 552*  
*Midland, Tx 79702*

4. Article Number  
*P 046 612 025*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*OCT 9 1990*

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Grace Petroleum*  
*P.O. Drawer 2358*  
*Midland, Tx 79702*

4. Article Number  
*P 046 612 027*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*OCT 9 1990*

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Conoco*  
*attn: Bob Kiker*  
*10 Dista Drive*  
*Midland, Tx 79705*

4. Article Number  
*P 046 612 019*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*10-9-90*

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
*Meridian*  
*attn: Jim Cramer*  
*21 Dista Drive*  
*Midland, Tx 79705*

4. Article Number  
*P 046 612 024*

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address  
X *[Signature]*

6. Signature — Agent  
X *[Signature]*

7. Date of Delivery  
*10-9-90*

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
C. E. Long  
301 N. Colorado  
Midland, Tx 79701

4. Article Number  
P 046 612 029

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X *Randy Briggs Ste. 160*

7. Date of Delivery  
10-9

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
Chevron  
attn: Al Bohling  
P.O. Box 1150  
Midland Tx 79702

4. Article Number  
P 046 612 018

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X

6. Signature - Agent  
X *Al Bohling*

7. Date of Delivery  
OCT 9 1988

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
Jepaco  
Russell Pool  
P.O. Box 730  
Hobbs, New Mexico 88240

4. Article Number  
P 046 612 021

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X *SDH*

6. Signature - Agent  
X

7. Date of Delivery  
10-11-90

8. Addressee's Address (ONLY if requested and fee paid)

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:  
Dallas Mc Casland  
40 Oil Reports & Gas Services Inc.  
P.O. Box 763  
Hobbs, New Mexico 88240

4. Article Number  
P 046 612 026

Type of Service:  
☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address  
X *D. Mc Casland*

6. Signature - Agent  
X

7. Date of Delivery  
10-12-90

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 \* U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT





GARREY CARRUTHERS  
GOVERNOR

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT  
OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

OIL CONSERVATION DIVISION  
RECEIVED  
'90 OCT 12 AM 9 25

10-8-90

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC \_\_\_\_\_  
DHC \_\_\_\_\_  
NSL X \_\_\_\_\_  
NSP \_\_\_\_\_  
SWD \_\_\_\_\_  
WFX \_\_\_\_\_  
PMX \_\_\_\_\_

Gentlemen:

I have examined the application for the:

Hal J. Rasmussen Operating Inc. State A A/C-2 #72-K 9-22-36  
Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton  
Jerry Sexton  
Supervisor, District 1

/ed